



211 East 43rd Street, NY NY 10017 ■ 212-557-4656 / Fax 212-557-5780

Date: _____ Order # _____
 Company: _____
 Attention: _____
 Fax: _____ Phone: _____
 From: _____

BUSINESS RENTAL APPLICATION

The purpose of this form is for your firm to establish credit with EGADS Computer Corporation. Unless you pay a deposit of 100% of the equipment value, you must complete this rental application. Decision for credit approval is based upon your credit report. Information you provide will remain 100% confidential. **Please complete the entire form below.**

1. APPLICANT

LEGAL NAME OF BUSINESS	TAX ID #	AGE OF BUSINESS	
DBA (DOING BUSINESS AS)	PHONE NUMBER	FAX NUMBER	
STREET ADDRESS	CITY	STATE	ZIP HOW LONG
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)	CITY	STATE	ZIP HOW LONG
MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS)	CITY	STATE	ZIP
E-MAIL ADDRESS	TYPE OF BUSINESS (BE SPECIFIC)		

2. TRADE REFERENCES

COMPANY NAME	PHONE NUMBER	ACCOUNT # / CONTACT
COMPANY NAME	PHONE NUMBER	ACCOUNT # / CONTACT

3. REFERRAL HOW DID YOU HEAR ABOUT US?

PRINT: Newspaper Verizon Yellow Pages Yellow Book Yellow Pages

INTERNET: Internet Yellow Pages GOOGLE.COM YAHOO.COM Other Website E-Mail

OTHER: _____

4. CREDIT CARD

I authorize EGADS Computer Corporation to charge my credit card for any outstanding amount due on my account that has not been paid by an invoice due date. Charges include but are not limited to any outstanding invoices as well as charges for damage or loss of equipment.

TYPE OF CARD	ACCOUNT NUMBER	EXPIRATION DATE
<input type="checkbox"/> I WOULD LIKE THE FIRST PAYMENT BILLED TO MY CREDIT CARD <input type="checkbox"/> I WOULD LIKE ALL FUTURE PAYMENTS TO BE AUTOMATICALLY BILLED TO MY CREDIT CARD		
NAME AS IT APPEARS ON THE CREDIT CARD	CARD HOLDER SIGNATURE	POSITION/TITLE
BILLING ADDRESS OF CREDIT CARD	CITY	STATE ZIP

5. IDENTIFICATION

ATTACH AN ENLARGED COPY OF FOLLOWING ITEMS ON A SEPARATE SHEET:

- 1 - DRIVERS LICENSE OR PASSPORT OF CREDIT CARD HOLDER
- 2 - FRONT AND BACK OF CREDIT CARD